STATE OF NEVADA ARCHITECTURAL REGISTRATION BY RECIPROCITY APPLICATION AND INSTRUCTIONS

Following are the instructions and application for architectural registration by reciprocity in the state of Nevada. Please read the qualifications necessary to be eligible for architectural registration. If you qualify, please complete the application form and return it to our office with the appropriate fees.

Applications will not be processed unless the application is complete and all fees are remitted.

QUALIFICATIONS FOR ARCHITECTURAL REGISTRATION BY RECIPROCITY

The state of Nevada requires that all candidates for registration via reciprocity:

- Hold certification with the National Council of Architectural Registration Boards (NCARB).
- Unless granted an NCARB certificate through a Mutual Recognition Arrangement (MRA), have successfully completed all portions of the NCARB exams administered by NCARB standards at the date of your initial registration. If you passed the NCARB examination prior to 1965, when the seismic test was not included, please contact board staff.

INSTRUCTIONS

- The applicant must contact NCARB and request transmittal of their NCARB record to the board.
- Complete the application fully and sign on the last page.
- Indicate if your business or home address will be your public address. If no indication is made, your business address will be public. Please note, your public address cannot be a P.O. Box.
- The photograph should be 2.5" x 2.5" and similar to a passport photo. It must be recent, taken in the past 12 months. Photographs can be digital.
- An application processing fee of \$300 must accompany your application. Checks should be made payable to NSBAIDRD. Credit card payments can be made using the <u>credit card authorization form</u>, which can be found on the "Forms" page of the board website.
- Completed applications can be submitted via email to <u>nsbaidrd@nsbaidrd.nv.gov</u> or mailed to NSBAIDRD, 2080 E. Flamingo Rd., Suite 120, Las Vegas, NV 89119.
- The applicant will be required to take an open-book jurisprudence quiz. The quiz will be sent to you
 once your application has been processed and reviewed. Please download the following documents to
 familiarize yourself with Nevada law:
 - Nevada Revised Statutes, Chapter 623
 - Nevada Administrative Code, Chapter 623
 - o "The Blue Book"
 - Rules of Conduct for Architects
 - Nevada Lien Law
- The applicant may be required to appear before the board for an oral interview.



NEVADA STATE BOARD OF ARCHITECTURE, INTERIOR DESIGN & RESIDENTIAL DESIGN

2080 East Flamingo Road, Suite 120, Las Vegas, NV 89119
Phone: (702) 486-7300 Fax: (702) 486-7304
Email: nsbaidrd@nsbaidrd.nv.gov Website: nsbaidrd.org

APPLICATION FOR ARCHITECT REGISTRATION BY RECIPROCITY

I hereby apply for registration to practice architecture in the state of Nevada by reciprocity.

PLEASE TYPE INFORMATION

Date:						ATTACH A CLEAR PHOTOIN	
Name in Full:						THIS SPACE.	
Name in Full:		Drive	Drivers License No. or		APPROXIMATE PHOTO SIZE: 2 ½" x 2 ½"		
	ke your name to						
appear on yo	ur wall certificate:				 		
Business Address	Firm Name:						
	City:			0.1.1		Zip Code:	
Residence Address	Street:						
	City:			State:		Zip Code:	
Public Address (cannot be P.O. Box): ☐ Business ☐ Residence							
Daytime Phone No:				Evening Phone No:			
Email Addre							
Citizenship:				□ Birth	□ Nat	uralized	
Birth Date:				Place: _			
Jurisdiction of Original Architectural Registration: Date Issued: (MM/DD/YYYY)							
Reg.No: Currently in good standing				P □ YES	□ NO (If NO, please provide supplemental document)		
Other Registrations (please use a separate sheet if necessary):							
Jurisdiction:		Reg.No:	Da	te Issued:		In Good Standing?	

Name in Full:	Date:					
□YES □NO	Are you the spouse/domestic partner of an active military member of the Armed Forces of the United States?					
	s YES, you must provide supporting documentation to verify that this information is true. Per the Nevada Executive expedited application processing will be granted to the applicant upon receiving verifying documentation.					
□YES □NO	Have you or any firm/business at which you practice architecture provided a proposal to a client, entered into a contract agreement with a client, prepared drawings for a client, or otherwise performed architectural work for a project located in Nevada? (If YES, explain on supplemental sheet)					
□YES □NO	Has your registration been denied, suspended, or revoked in any jurisdiction? (If YES, explain on supplemental sheet)					
☐ YES ☐ NO	Have you surrendered or allowed a registration to lapse in any jurisdiction due to action pending or threatened (If YES, explain on supplemental sheet)					
□YES □NO	Have you been found by a court or registration board to have violated the architectural registration laws professional occupational laws or any jurisdiction? (If YES, provide dates and details including results appeals)					
□YES □NO	Have you ever been convicted of a felony, any crime involving moral turpitude, or a misdemeanor involving fraud, deceit or misrepresentation? (If YES, explain on supplemental sheet)					
☐ YES ☐ NO	Are there any felony criminal charges now pending against you? (If YES, explain on supplemental sheet)					
practice archite	623.225, payment of child support, an applicant for the issuance or renewal of a certificate of registration to cture is required to answer the following questions. A certificate of registration may not be issued or renewed by applicant fails to do so.					
	Are you currently subject to a court order, or plan approved by the district attorney or other public agency enforcing the amounts owed under a court order, for the support of the child?					
□ YES □ NO	If YES, are you currently in compliance with the court order and/or plan?					
ATTESTATIO	N					
l,	, being the applicant named in this application, do hereby attest under penalty					
of perjury that o	on, 20, I have personally:					
2) Do realize the be issued or	ntents thereof and to the best of my knowledge and belief the foregoing statements are true and correct. at a fraudulent statement in this application is probable cause to have my application denied or revoked, should ne.					
o) rtodd diid do	diagnostana chapter ozo er ale Nevada Nevidea etatates.					
Signed and atte	ested to this day of, 20					
Signature of Ap	plicant					